

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	/						51	/		
2		/					52	/		
3							53			
4		/					54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13	/						63			
14		/					64			
15		/					65			
16		/					66			
17			/				67			
18			/				68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26		/					76			
27	/						77			
28			/				78			
29			/				79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

52/3